

SERFF Tracking Number: MCHX-126419847 State: Arkansas
 Filing Company: Sterling Life Insurance Company State Tracking Number: 44330
 Company Tracking Number: STRAR-CAN
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu
 Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Filing at a Glance

Company: Sterling Life Insurance Company
 Product Name: STRXX- CAN Cancer Only SERFF Tr Num: MCHX-126419847 State: Arkansas
 Policy - Sterling Life Insu
 TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 44330
 - Limited Benefit Closed
 Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: STRAR-CAN State Status: Approved-Closed
 Only
 Filing Type: Form/Rate
 Reviewer(s): Rosalind Minor
 Author: SPI McHughConsulting Disposition Date: 05/21/2010
 Date Submitted: 12/15/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: 01/14/2010 Implementation Date:
 State Filing Description:

General Information

Project Name: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company Status of Filing in Domicile: Pending
 Project Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Filing concurrently.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 05/21/2010 Explanation for Other Group Market Type:
 State Status Changed: 05/21/2010
 Deemer Date: Created By: SPI McHughConsulting
 Submitted By: SPI McHughConsulting Corresponding Filing Tracking Number:
 Filing Description:
 RE: Sterling Life Insurance Company
 NAIC # 77399 FEIN # 13-1867829

SERFF Tracking Number: MCHX-126419847 State: Arkansas
Filing Company: Sterling Life Insurance Company State Tracking Number: 44330
Company Tracking Number: STRAR-CAN
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
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Individual Cancer Policy
Policy Form No. STRAR-CAN
Outline of Coverage Form No. STRAR-CANOC
Rider Form No. RIDER-CAN
Application APP-CAN
Actuarial Memorandum
NAIC Product Code H071.002A

McHugh Consulting Resources, Inc. has been requested to file the enclosed form on behalf of Sterling Life Insurance Company. We have provided an authorization letter for your files.

We are submitting the above captioned forms for your review and approval. The forms are new and not intended to replace any other forms currently in use.

This Cancer program will be marketed to individuals through agent/broker solicitation and mass marketing. The issue ages are from 18 to 69.

This program provides Cancer indemnity coverage on a guaranteed renewable basis. It insures the individual against loss due to cancer only. The 20 Year Paid Up Rider provides that no further premiums will be due, after the policy has been continuously in force for twenty years.

The forms are in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law.

Variable data is bracketed. All bracketed numbers are variable to the extent allowable by your state's laws. In no event will numbers be changed to impact compliance with your law.

Please note this product was filed concurrently in the state of Illinois, Sterling's state of domicile.

Sterling Life Insurance Company will deem these forms approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

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 Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Sincerely,

Betty Dabrowski
 Consultant
 McHugh Consulting Resources, Inc.
 215-230-7960
 mcr@mchughconsulting.com

Company and Contact

Filing Contact Information

Tim Hager, Compliance Assistant mcr@mchughconsulting.com
 McHugh Consulting Resources 215-230-7960 [Phone]
 350 South Main Street, Suite 103 215-230-7961 [FAX]
 Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)
 Sterling Life Insurance Company CoCode: 77399 State of Domicile: Illinois
 2219 Rimland Drive Group Code: Company Type:
 Bellingham, WA 98226 Group Name: State ID Number:
 (360) 392-9098 ext. [Phone] FEIN Number: 13-1867829

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------|----------|----------------|---------------|
| Sterling Life Insurance Company | \$150.00 | 12/15/2009 | 32786432 |

SERFF Tracking Number: MCHX-126419847 State: Arkansas

Filing Company: Sterling Life Insurance Company State Tracking Number: 44330

Company Tracking Number: STRAR-CAN

TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only

Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 05/21/2010 | 05/21/2010 |
| Approved-Closed | Rosalind Minor | 12/17/2009 | 12/17/2009 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|----------------|------------|----------------|-------------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Rosalind Minor | 12/16/2009 | 12/16/2009 | SPI McHughConsulting | 12/17/2009 | 12/17/2009 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|---------------------|---|-------------------------|------------|----------------|
| Form | Guaranteed Renewable Cancer Only Policy | SPI McHughConsulting | 05/21/2010 | 05/21/2010 |
| Form | Outline of Coverage | SPI McHughConsulting | 05/21/2010 | 05/21/2010 |
| Supporting Document | 05.21.10 Amendment Letter | SPI McHughConsulting | 05/21/2010 | 05/21/2010 |
| Supporting | STRAR-CAN redline version | SPI | 05/21/2010 | 05/21/2010 |

SERFF Tracking Number: MCHX-126419847 State: Arkansas

Filing Company: Sterling Life Insurance Company State Tracking Number: 44330

Company Tracking Number: STRAR-CAN

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Limited Benefit

Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Document McHughConsultin
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Supporting STRAR-CANOC redline version SPI 05/21/2010 05/21/2010
Document McHughConsultin
g

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|--|------------------|-----------------------------|------------|----------------|
| Sterling Life Insurance Company - MCXH-126419847 - Cancer Only Policy Filing - Re-opening of the file. | Note To Reviewer | SPI McHughConsultin g | 05/19/2010 | 05/19/2010 |

| | | | |
|--------------------------|--|------------------------|---------------------------------------|
| SERFF Tracking Number: | MCHX-126419847 | State: | Arkansas |
| Filing Company: | Sterling Life Insurance Company | State Tracking Number: | 44330 |
| Company Tracking Number: | STRAR-CAN | | |
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| Product Name: | STRXX- CAN Cancer Only Policy - Sterling Life Insu | | |
| Project Name/Number: | STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company | | |

Disposition

Disposition Date: 05/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|------------------------------------|-----------------------------------|---------------------------|--|---|---|--|--|
| Sterling Life Insurance Company | % | % | \$ | | \$ | % | % |

SERFF Tracking Number: MCHX-126419847 State: Arkansas

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Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | No |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | Submission Letter | Approved-Closed | Yes |
| Supporting Document | Authorization Letter | Approved-Closed | Yes |
| Supporting Document | Form Listing | Approved-Closed | Yes |
| Supporting Document | 12.17.09 Resubmission Letter | Approved-Closed | Yes |
| Supporting Document | 05.21.10 Amendment Letter | Approved-Closed | Yes |
| Supporting Document | STRAR-CAN redline version | Approved-Closed | Yes |
| Supporting Document | STRAR-CANOC redline version | Approved-Closed | Yes |
| Form (revised) | Guaranteed Renewable Cancer Only Policy | Approved-Closed | Yes |
| Form | Guaranteed Renewable Cancer Only Policy | Replaced | Yes |
| Form | Guaranteed Renewable Cancer Only Policy | Replaced | Yes |
| Form | Application for Cancer Insurance | Approved-Closed | Yes |
| Form | 20 Year Paid Up Rider | Approved-Closed | Yes |
| Form (revised) | Outline of Coverage | Approved-Closed | Yes |
| Form | Outline of Coverage | Replaced | Yes |
| Rate | Actuarial Memorandum and Rates | Approved-Closed | No |

SERFF Tracking Number: MCHX-126419847 State: Arkansas

Filing Company: Sterling Life Insurance Company State Tracking Number: 44330

Company Tracking Number: STRAR-CAN

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Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Disposition

Disposition Date: 12/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|------------------------------------|-----------------------------------|---------------------------|--|---|---|--|--|
| Sterling Life Insurance Company | % | % | \$ | | \$ | % | % |

SERFF Tracking Number: MCHX-126419847 State: Arkansas

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| Supporting Document | Submission Letter | Approved-Closed | Yes |
| Supporting Document | Authorization Letter | Approved-Closed | Yes |
| Supporting Document | Form Listing | Approved-Closed | Yes |
| Supporting Document | 12.17.09 Resubmission Letter | Approved-Closed | Yes |
| Supporting Document | 05.21.10 Amendment Letter | Approved-Closed | Yes |
| Supporting Document | STRAR-CAN redline version | Approved-Closed | Yes |
| Supporting Document | STRAR-CANOC redline version | Approved-Closed | Yes |
| Form (revised) | Guaranteed Renewable Cancer Only Policy | Approved-Closed | Yes |
| Form | Guaranteed Renewable Cancer Only Policy | Replaced | Yes |
| Form | Guaranteed Renewable Cancer Only Policy | Replaced | Yes |
| Form | Application for Cancer Insurance | Approved-Closed | Yes |
| Form | 20 Year Paid Up Rider | Approved-Closed | Yes |
| Form (revised) | Outline of Coverage | Approved-Closed | Yes |
| Form | Outline of Coverage | Replaced | Yes |
| Rate | Actuarial Memorandum and Rates | Approved-Closed | No |

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/16/2009
Submitted Date 12/16/2009
Respond By Date 01/16/2010

Dear Tim Hager,

This will acknowledge receipt of the captioned filing.

Objection 1

- Guaranteed Renewable Cancer Only Policy , STRAR-CAN (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: MCHX-126419847 State: Arkansas

Filing Company: Sterling Life Insurance Company State Tracking Number: 44330

Company Tracking Number: STRAR-CAN

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Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/17/2009

Submitted Date 12/17/2009

Dear Rosalind Minor,

Comments:

Thank you for your objection letter dated December 16, 2009. This is in response to that letter.

Response 1

Comments: Please find attached the response to your objection letter.

Related Objection 1

Applies To:

- Guaranteed Renewable Cancer Only Policy , STRAR-CAN (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 12.17.09 Resubmission Letter

Comment:

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|---|-------------|--------------|---------------------------------------|---------|----------------------|-------------------|-----------------|
| Guaranteed Renewable Cancer Only Policy | STRAR-CAN | | Policy/Contract/Fraternal Certificate | Revised | | 47.000 | STRAR-CAN.PDF |
| Previous Version | | | | | | | |
| Guaranteed Renewable Cancer Only Policy | STRAR-CAN | | Policy/Contract/Fraternal Certificate | Initial | | 47.000 | STRAR-CAN.PDF |

SERFF Tracking Number: MCHX-126419847 State: Arkansas
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Company
Cancer Only Policy CAN Certificate CAN.PDF

No Rate/Rule Schedule items changed.

Thank you again for your time and patience with this filing.

Sincerely,
SPI McHughConsulting

SERFF Tracking Number: MCHX-126419847 State: Arkansas
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Amendment Letter

Submitted Date: 05/21/2010

Comments:

Dear Ms Minor:

Thank you for re-opening this filing. Please find attach an Amendment Letter and the forms described in it.

We appreciate your attention to this filing. Have a good day.

Sincerely,

Tim Hager
Compliance Project Specialist
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|-------------|---------------------|---------------------|---------|-------------------|-------------------|-----------------|-------------------|--|
| STRAR-CAN | Policy/Contr | Guaranteed | Revised | | | | 47.000 | AR Sterling Cancer Policy-05_19_10-Clean.PDF |
| | act/Fraternal | Renewable | | | | | | |
| | Certificate | Cancer Only | | | | | | |
| | | Policy | | | | | | |
| STRAR-CANOC | Outline of Coverage | Outline of Coverage | Revised | | | | 59.000 | Sterling Cancer AR OOC-05_19_10-Clean.PDF |

SERFF Tracking Number: MCHX-126419847 State: Arkansas
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Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Supporting Document Schedule Item Changes:

User Added -Name: 05.21.10 Amendment Letter

Comment:

AR Amendment Letter.PDF

User Added -Name: STRAR-CAN redline version

Comment:

AR Sterling Cancer Policy-05_19_10-redline.PDF

User Added -Name: STRAR-CANOC redline version

Comment:

Sterling Cancer AR OOC-05_19_10-redline.PDF

SERFF Tracking Number: MCHX-126419847 State: Arkansas
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Company

Note To Reviewer

Created By:

SPI McHughConsulting on 05/19/2010 09:24 AM

Last Edited By:

SPI McHughConsulting

Submitted On:

05/19/2010 09:24 AM

Subject:

Sterling Life Insurance Company - MCXH-126419847 - Cancer Only Policy Filing - Re-opening of the file.

Comments:

Dear Ms. Minor:

Thank you for speaking with me on the phone today and agreeing to re-open the filing. We will be filing a revised Outline of Coverage shortly.

Sincerely,

Tim Hager
Compliance Project Specialist
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

SERFF Tracking Number: MCHX-126419847 State: Arkansas

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Company Tracking Number: STRAR-CAN

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Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Form Schedule

Lead Form Number: STRAR-CAN

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-------------|---|---|---------|-------------------------------------|-------------|--|
| Approved-Closed 05/21/2010 | STRAR-CAN | Policy/Cont ract/Fratern al Certificate | Guaranteed Renewable Cancer Only Policy | Revised | Replaced Form #: Previous Filing #: | 47.000 | AR Sterling Cancer Policy-05_19_10-Clean.PDF |
| Approved-Closed 12/17/2009 | APP-CAN | Application/ Enrollment Form | Application for Cancer Insurance | Initial | | 49.000 | APP-CAN.PDF |
| Approved-Closed 12/17/2009 | RIDER-CAN | Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | 20 Year Paid Up Rider | Initial | | 57.000 | RIDER-CAN .PDF |
| Approved-Closed 05/21/2010 | STRAR-CANOC | Outline of Coverage | Outline of Coverage | Revised | Replaced Form #: Previous Filing #: | 59.000 | Sterling Cancer AR OOC-05_19_10-Clean.PDF |

STERLING LIFE INSURANCE COMPANY

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 688-0010]

GUARANTEED RENEWABLE CANCER ONLY POLICY

THIS POLICY DOES NOT PAY BENEFITS FOR LOSS OF LIFE.

This is a legal contract between you and Sterling. THIS IS A LIMITED POLICY. READ YOUR POLICY CAREFULLY.

THIRTY DAY RIGHT TO EXAMINE POLICY

If this policy is not satisfactory for any reason, within 30 days of policy issuance you can return the policy to Sterling. Any premium paid will be refunded and this policy will be void from its beginning.

GUARANTEED RENEWABLE

Sterling guarantees your right to renew this policy. It will continue in force so long as the premium is paid on or before the due date or within the grace period. Sterling reserves the right to change the premium on a class basis. Sterling will notify you in writing, at your last address of record, of the change at least 30 days before the date at which it is to become effective.

PRE-EXISTING, WAITING PERIOD CONDITION LIMITATIONS

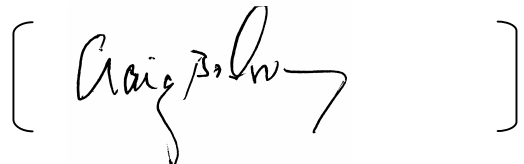
Loss caused by a Pre-existing Condition or Waiting Period Condition is not covered unless such loss begins after 12 months from the issue date of this policy.

This policy is issued by STERLING LIFE INSURANCE COMPANY

Signed by Our President and Secretary.



[President]



[Assistant Secretary]

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| Payable in Addition to Other Insurance..... | 6 |
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| Right to Examine Policy | 1 |
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A copy of the Application and Outline of Coverage follows Page 7.

WORD INDEX

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BENEFIT SCHEDULE

CANCER BENEFIT

Scheduled Benefit Amount \$

Section One

The Scheduled Benefit Amount is the lifetime benefit amount payable under the policy upon diagnosis and/or treatment of Covered Cancer. Benefit payment is for Cancer, excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Stage 1A malignant melanoma and Carcinoma In-Situ. This benefit is payable only one time during the lifetime of the policy. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

Section Two

Payment upon diagnosis and/or treatment of first occurrence of Stage A, B, T1a or T1b Prostate Cancer or Carcinoma In-Situ is limited to 10% of the lifetime benefit amount. This benefit is payable only one time during the lifetime of the policy, and any amount paid will reduce the amount paid under Section One of this benefit. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

After 100% of the lifetime benefit or 50% from attained age 70 has been paid within this Category, no more benefits are payable for any condition in this Category. This policy will terminate upon the payment of Section One benefits subject to all contract terms.

INSURED:

AGE:

POLICY NUMBER:

METHOD OF PREMIUM PAYMENT:

SMOKER STATUS:

PREMIUM AMOUNT: \$

ISSUE DATE:

:

CONSIDERATION

This policy is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the policy.

BENEFITS

Please refer to the Benefit Schedule for the benefit(s) you selected.

Covered Loss - Cancer (Excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Carcinoma In-Situ and Stage 1A malignant melanoma)

Sterling agrees to pay you, the insured named in the application, subject to the terms and limitations of this policy, a benefit for the following Covered Loss sustained by you while the policy is in force. Upon diagnosis and/or treatment of Cancer, as defined below, while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, you will receive 100% of the Scheduled Benefit Amount according to the plan selected.

Covered Loss – Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ

Benefit payment upon diagnosis and/or treatment of first occurrence of Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, is limited to 10% of the Scheduled Benefit Amount according to the plan selected.

Exclusion: No benefit will be payable under this condition for the following non-life-threatening cancers:

- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion), or
- any non-melanoma skin cancer that has not metastasized

Cancer Benefit Definitions

“Life-threatening Cancer” means leukemia, Hodgkin’s Disease or a malignant tumor treated by a Physician that is characterized by uncontrolled cell growth and which results in a pathologic diagnosis, based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.) The pathologist establishing the diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

The legally licensed Doctor must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Any tests or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Diagnosis under the policy means the complete fulfillment of the definition of the condition as described under the policy.

“Carcinoma-in-situ” means a diagnosis of cancer where in the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

“Stage A Prostate Cancer” is histologically described as Tumor Node Metastasis Classification T1 or equivalent staging based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

Skin Cancer

Skin Cancer is not covered under this policy. “Skin Cancer” is any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.

DEFINITIONS

“**Covered Loss**” is a loss that is incurred, diagnosed and/or treated in accordance with the requirements of the subsection describing the specific loss. A Covered Loss is not a loss that is a Pre-existing Condition or Waiting Period Condition; however, a Pre-existing Condition or Waiting Period Condition will be considered a Covered Loss if loss caused by such condition begins after 12 months from the issue date.

“Incurs/Incurred” means an event or incident that:

- (a) initially occurs on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) initially occurs while coverage on an Insured Person under this policy is in force; and

(c) is not excluded by any specific description or exclusion stated in this Policy.

“Hospital” is an institution located in the United States which meets all of the following requirements: (a) operates pursuant to state law for Hospitals located in the United States; (b) operates primarily for the care and treatment of sick or injured persons as inpatients; (c) provides 24 hour nursing service; (d) has facilities for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and (e) has a staff of at least one licensed Physician available at all times. Hospital does not include a nursing home or convalescent care facility, whether such facility is independent or associated with a Hospital.

“Physician” means a legally qualified practitioner licensed in the United States or its territories by a federal, state or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories. It does not include you or a member of your family.

“Pre-existing Condition” means a condition for which you received medical advice or treatment within the 12 months preceding the issue date of the policy or showed signs or symptoms within 12 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. A Pre-existing Condition does not include any condition fully disclosed in the application for the policy. Loss caused by a pre-existing condition is not covered unless such loss begins after 12 months from the issue date of the policy.

“Scheduled Benefit Amount” means the lifetime maximum benefit amount payable under the policy.

“Specialist” is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered critical illness condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by the insurer, a condition may be diagnosed by a qualified physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist.

The Specialist must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

“Term” is the Issued Date shown on the Schedule.

“Waiting Period Condition”

No benefit will be payable under this policy if:

Within the first 60 days following the later of:

- the effective date of the policy, or
- the effective date of last reinstatement of the policy,

the Insured Person has any of the following:

- a diagnosis of a covered condition
- received medical advice or treatment for a covered condition
- signs, symptoms or investigations, that lead to a diagnosis of a covered condition, regardless of when the diagnosis is made
- showed symptoms after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment

This medical information as described above must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for a covered condition. Loss caused by a waiting period condition is not covered unless such loss begins 12 months from the issue date of the policy.

PAYABLE IN ADDITION TO OTHER INSURANCE

Benefits provided by this policy are payable in addition to those provided by any other insurance policy.

EXCLUSIONS

This policy will not pay for losses resulting from:

- 1) Any intentionally self-inflicted injury;
- 2) Criminal activity or participation in a riot;
- 3) Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
- 4) Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
- 5) Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
- 6) Military service or war;
- 7) Suicide or intentional Injury; or
- 8) Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with the application and attached papers, if any, is the entire contract between the Insured and Sterling. No change in this policy will be effective until approved by an officer of Sterling. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: (a) Misstatements in the Application. After two years from the issue date of this policy, only fraudulent misstatements made by the applicant in the application may be used to void the policy or deny a claim for loss incurred after the two-year period. (b) Pre-Existing Conditions. No claim for loss that starts after two years from the issue date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the issue date.

GRACE PERIOD: This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force.

REINSTATEMENT: If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by Sterling (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate the policy.

If Sterling or its agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Insured of its disapproval.

The reinstated policy will only cover a loss that starts more than 10 days after the reinstatement date. In all other respects the rights of the Insured and Sterling will remain the same, subject to any provisions noted on or attached to the reinstated policy.

Any premiums Sterling accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 days before the reinstatement date.

NOTICE OF CLAIM: Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Sterling at its Home Office or to Sterling's agent. Notice should include the name of the Insured and the policy number.

CLAIM FORMS: When Sterling receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant will meet the proof of loss requirements by giving Sterling a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

PROOF OF LOSS: Written proof must be given within 90 days after such loss.

If it was not reasonably possible to give written proof in the time required, Sterling shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIM: Benefit for loss covered by this policy will be paid as soon as Sterling receives proper written proof.

PAYMENT OF CLAIM: The benefit will be paid to the Insured. Any benefit unpaid at death may be paid, at Sterling's option, either to the Insured's beneficiary or estate.

PHYSICAL EXAMINATIONS: Sterling, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending.

AUTOPSY: While a claim is pending, Sterling, at its own expense, has the right to require an autopsy of the person of the Insured in the case of death where it is not forbidden by law.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING TOBACCO USE: If any representation regarding the use of tobacco has been misstated, any amount payable under the policy shall be such as the premium paid would have purchased if the representation had not been misstated.

CHANGE OF BENEFICIARY: The Insured can change the beneficiary at any time by giving Sterling a signed and dated written notice which is received at its home office during the Insured's lifetime. Unless irrevocably designated, the beneficiary's consent is not required. The change of beneficiary is effective as of the date the notice is signed, subject to any action taken by Sterling prior to receipt of such notice. No change is valid if received after Insured's death.

GENERAL PROVISIONS

TERM: This policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where you reside. It is effective on the Issue Date shown on the Benefit Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the insured, unearned premium will be refunded in accordance with the payment of claim provisions.

PAYMENT OF PREMIUM: This policy is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft that is not honored, the policy shall be void.

YOUR RIGHT TO CANCEL: You may cancel this policy at any time by writing Sterling. Coverage will end on the date the notice is received or on a later date you specify. Sterling will return any unearned premium.

TERMINATION:

This policy terminates at the earliest of:

- 1) The end of the grace period for the payment of the premium for the policy; or
- 2) The next renewal date after Your request to terminate this policy; or
- 3) The date You have received the Scheduled Benefit Amount for Section One.

STERLING LIFE INSURANCE COMPANY • Chicago, Illinois
Application for Cancer Insurance Coverage

[STR XX CAN]

Issue Date:

I apply for the following Cancer insurance policy based on the information regarding the proposed insured.

| | | | | | |
|----------------------------------|----|--------------|--|------------------|----|
| MR | MS | MRS | INSURED'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) | | |
| | | | | | |
| SOCIAL SECURITY NUMBER | | OCCUPATION | | CONTACT LOCATION | |
| | | | | BC | HC |
| BUSINESS ADDRESS (NO. & STREET) | | PHONE NUMBER | | | |
| | | | | | |
| CITY | | STATE | | ZIP CODE + 4 | |
| | | | | | |
| RESIDENCE ADDRESS (NO. & STREET) | | PHONE NUMBER | | | |
| | | | | | |
| CITY | | STATE | | ZIP CODE + 4 | |
| | | | | | |
| MAILING ADDRESS (NO. & STREET) | | PHONE NUMBER | | | |
| | | | | | |
| CITY | | STATE | | ZIP CODE + 4 | |
| | | | | | |
| BENEFICIARY NAME | | | BENEFICIARY RELATIONSHIP TO INSURED | | |
| | | | | | |
| E-MAIL ADDRESS FOR INSURED | | | | | |
| | | | | | |
| APPLICATION DATE | | | DATE OF BIRTH | | |
| | | | | | |

Is this policy intended to replace any existing policy? YES NO

| | | | | |
|---|--|-----|--------------------------------|--|
| ALTERNATE CONTACT | ALTERNATE CONTACT: RELATIONSHIP TO INSURED | | | |
| MR | MS | MRS | NAME | |
| | | | | |
| ALTERNATE CONTACT ADDRESS | | | ALTERNATE CONTACT PHONE NUMBER | |
| | | | | |
| CITY | | | STATE | |
| | | | ZIP CODE + 4 | |
| PAYOR NAME, ADDRESS (IF DIFFERENT FROM INSURED) | | | PAYOR RELATIONSHIP TO INSURED | |
| | | | | |
| PAYOR CITY | | | STATE | |
| | | | ZIP CODE + 4 | |
| | | | | |

Qualification Questions

Principal Insured

| | | |
|---|--------------------------|--------------------------|
| 1. Have you or your parents, brothers or sisters who were under the age of 60, ever had medical ADVICE or TREATMENT or take prescription medication for: Cancer, Melanoma, Leukemia, Hodgkin's Disease, or any malignant growth within the past 10 years? | <u>Yes</u> | <u>No</u> |
| 2. Have you been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex) or tested positive for HIV? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you on Medicaid or Medicare? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|------------------------------------|-----|--|----------------|-------------------------|--------------------|---|
| Your Birthdate: Mo/Day/Yr / / | Age | <input type="checkbox"/> Male <input type="checkbox"/> Female | State of Birth | Height ft. in. | Weight lbs. | List Your Drivers License #: _____ State: _____ |
|------------------------------------|-----|--|----------------|-------------------------|--------------------|---|

Have you used tobacco in any form in the past 12 months? ☐ Yes ☐ No

Do you have any other in force disability coverage? (if yes please provide details below) ☐ Yes ☐ No

| Carrier | Monthly Benefit | Elimination Period | Benefit Period |
|---------|-----------------|--------------------|----------------|
| | | | |
| | | | |
| | | | |

| INSURANCE BEING APPLIED FOR: | | | | MODAL PREMIUM |
|------------------------------|-----------|---------------------|--------------------|---------------|
| Plan | Plan Code | Amount of Insurance | Elimination Period | |
| Cancer | CAN | \$ _____ | | \$ _____ |
| - Paid-up Rider | | | | \$ _____ |
| | | | Total Premium: | \$ _____ |

| | | | |
|------------------|---|-------------------------------|------|
| Mode of payment: | <input type="checkbox"/> Annual <input type="checkbox"/> Monthly | Initial Premium Collected: \$ | PBD: |
|------------------|---|-------------------------------|------|

Credit Card Authorization

I authorize Sterling Life Insurance Company to charge my credit card for my insurance premium.

Type (MC & Visa Only)

Account#

Exp. Date

[illegible]

Signature

☐ Monthly☐ Annually☐ One Time Only☐ Recurring

PLEASE READ CAREFULLY

It is very important that you review the application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent if any information is not correct or not complete or if any medical history has not been included. I understand that any insurance applied for will not take effect unless and until Sterling Life Insurance Company approves my application, the contract is issued, and the required premium is received by Sterling Life Insurance Company.

In applying for this coverage, I represent and affirm the following:

1. The information which I have given as recorded on this Application is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act and the Notice of Information Practices.
3. a) no person named on this application is currently insured under any cancer policy issued by Sterling Life Insurance Company; b) I understand that the policy is a cancer only policy and does not pay benefits for loss from any other sickness or from accidents.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Sterling Life Insurance Company or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency to release to Sterling Life Insurance Company any information regarding me or my past or present health for the purpose of evaluating this application for insurance. I also authorize Sterling Life Insurance Company or its reinsurers to disclose all such information to any doctor, the Medical Information Bureau, Inc. or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization shall remain valid for a period of two years from the issue date of the policy. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to Sterling.

X _____
Signature of Insured
City (where signed): _____ State: _____ Date: ____/____/____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I, the authorized agent, have on the Date of Application recorded the information as given to me by the Insured. I have no reason to believe the policy will replace any existing insurance. I have delivered the Notice of Information Practices. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent _____ (print) Code # _____ Field Sales Manager _____ (print) Code # _____
Agent's Signature _____ Manager's Signature _____
Date _____

STERLING LIFE INSURANCE COMPANY • Chicago, Illinois
CONDITIONAL RECEIPT
IMPORTANT READ CAREFULLY

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied. Also Note Limitation On Coverage Specified Below.

Conditions Which Must Be Satisfied Before Coverage Is Effective:

If both of the following conditions for any person proposed to be insured in the application are satisfied:

1. The first premium has been paid with the application; and
2. The Company, upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for;

Effective Date of Coverage:

then, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on one of the following dates whichever occurs last: (a) Date of the application; or

- (b) The date of completion of such person's medical examination if one is required under the Company's application requirements.

Limitation of Certain Coverage:

Provided that in the event of a claim on the Proposed Insured prior to issuance of the policy such insurance applied for under the application is limited to \$50,000 if a lump sum benefit, or \$500 a month if a monthly benefit is being applied for.

If any of the above conditions are not met, the policy applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. The application shall be deemed declined if the policy is not issued within 75 days after the date of the application.

CANRECEIPT

| | |
|---------------------|----|
| Application No. | |
| Amount of Insurance | \$ |

Received from _____

\$ _____ as First Full Premium.

☐ Annual

☐ Monthly Automatic Premium Collection

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

Owner's Address _____

City _____ State _____ Zip _____

Proposed Insured _____

Date _____ Authorized Agent _____

STERLING LIFE INSURANCE COMPANY • Chicago, Illinois
CONDITIONAL RECEIPT
IMPORTANT READ CAREFULLY

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied. Also Note Limitation On Coverage Specified Below.

Conditions Which Must Be Satisfied Before Coverage Is Effective:

If both of the following conditions for any person proposed to be insured in the application are satisfied:

1. The first premium has been paid with the application; and
2. The Company, upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for;

Effective Date of Coverage:

then, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on one of the following dates whichever occurs last: (a) Date of the application; or

- (b) The date of completion of such person's medical examination if one is required under the Company's application requirements.

Limitation of Certain Coverage:

Provided that in the event of a claim on the Proposed Insured prior to issuance of the policy such insurance applied for under the application is limited to \$50,000 if a lump sum benefit, or \$500 a month if a monthly benefit is being applied for.

If any of the above conditions are not met, the policy applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. The application shall be deemed declined if the policy is not issued within 75 days after the date of the application.

CANRECEIPT

| | |
|---------------------|----|
| Application No. | |
| Amount of Insurance | \$ |

Received from _____

\$ _____ as First Full Premium.

☐ Annual

☐ Monthly Automatic Premium Collection

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

Owner's Address _____

City _____ State _____ Zip _____

Proposed Insured _____

Date _____ Authorized Agent _____

Insured

Date

Policy Number

Sterling Life Insurance Company
Administrative Offices/Customer Service
P.O. Box 5348, Bellingham, WA 98227-5348

20 YEAR PAID UP RIDER

In consideration of the statements in the application and payment of the additional premium for this rider, Sterling issues this rider to your policy. This rider provides the following benefit:

20 YEAR PAID BENEFIT

After the policy has been continuously in force for 20 years, then no further premiums for this policy will be due.

All conditions and definitions in the policy shall apply to this rider.

This rider is part of the policy to which it is attached issued by STERLING LIFE INSURANCE COMPANY. It takes effect at 12:01 A.M., Standard Time, on the effective date of your policy.

[*Mahmud*]

[President]

[*Craig Poling*]

[Assistant Secretary]

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRAR-CAN

READ YOUR POLICY CAREFULLY. This outline of coverage provides a brief description of the important features of your policy. This is not the contract of insurance and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Therefore, it is important that you **READ YOUR POLICY CAREFULLY!**

LIMITED BENEFIT HEALTH COVERAGE. Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

| | | | |
|--------------------------------|---------------|---------------------------------|-----------------|
| DESCRIPTION OF BENEFIT. | CANCER | Scheduled Benefit Amount | \$ _____ |
|--------------------------------|---------------|---------------------------------|-----------------|

Section One

The Scheduled Benefit Amount is the lifetime benefit amount payable under the policy upon diagnosis and/or treatment of Covered Cancer. Benefit payment is for Cancer, excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Stage 1A malignant melanoma and Carcinoma In-Situ. This benefit is payable only one time during the lifetime of the policy. This benefit is reduced by 50% from attained age 70.

Section Two

Payment upon diagnosis and/or treatment of first occurrence of Stage A, B, T1a or T1b Prostate Cancer or Carcinoma In-Situ is limited to 10% of the lifetime benefit amount. This benefit is payable only one time during the lifetime of the policy, and any amount paid will reduce the amount paid under Section One of this benefit. This benefit is reduced by 50% from attained age 70.

After 100% of the lifetime benefit or 50% from attained age 70 has been paid within this Category, no more benefits are payable for any condition in this Category.

This policy will terminate upon the payment of Section One benefits subject to all contract terms.

COVERED LOSS. Sterling agrees to pay you, the insured named in the application, subject to the terms and limitations of the policy, for the above described benefit sustained by you while this policy is in force.

EXCLUSIONS AND LIMITATIONS. No benefit is payable for loss due to: 1) A Pre-Existing Condition; 2) a Waiting Period Condition; 3) any exclusions or limitations listed in the policy.

PRE-EXISTING AND WAITING PERIOD CONDITION. A Pre-Existing Condition is one for which you received medical advice or treatment within 12 months preceding the issue date of the policy or showed signs or symptoms within 12 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. In the first 60 days from the effective date of the policy or the last reinstatement of the policy, a Waiting Period Condition is one for which you received medical advice or treatment or showed symptoms after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. Loss caused by a pre-existing or waiting period condition is not covered unless such loss begins after 12 months from the issued date of this policy.

RENEWABILITY. Sterling guarantees your right to renew this policy. It will continue in force so long as the premium is paid on or before the due date or within the grace period. Sterling reserves the right to change the premium on a class basis. Sterling will notify you in writing, at your last address of record, of the change at least 30 days before the date at which it is to become effective.

THIS IS NOT MAJOR MEDICAL. THIS IS NOT LIFE INSURANCE. THIS IS NOT MEDICARE SUPPLEMENT.

(If Medicare eligible, review the *Guide to Health Insurance for People with Medicare* available from Sterling.)

If you have any questions regarding your policy please contact Sterling at: **[(800) 688-0010]**

| | | | |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>MCHX-126419847</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Sterling Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>44330</i> |
| <i>Company Tracking Number:</i> | <i>STRAR-CAN</i> | | |
| <i>TOI:</i> | <i>H071 Individual Health - Specified Disease - Limited Benefit</i> | <i>Sub-TOI:</i> | <i>H071.002A Dread Disease - Cancer Only</i> |
| <i>Product Name:</i> | <i>STRXX- CAN Cancer Only Policy - Sterling Life Insu</i> | | |
| <i>Project Name/Number:</i> | <i>STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company</i> | | |

Rate Information

Rate data applies to filing.

| | |
|--|----------------|
| Filing Method: | Prior Approval |
| Rate Change Type: | % |
| Overall Percentage of Last Rate Revision: | % |
| Effective Date of Last Rate Revision: | |
| Filing Method of Last Filing: | |

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|------------------------------------|--|-----------------------------------|---|---|--|---|---|
| Sterling Life Insurance Company | % | % | | | | % | % |

SERFF Tracking Number: MCHX-126419847 State: Arkansas

Filing Company: Sterling Life Insurance Company State Tracking Number: 44330

Company Tracking Number: STRAR-CAN

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Satisfied - Item: Flesch Certification Comments: Attachments: AR Readability Certification.PDF AR Certification of Compliance - Rule and Regulation 19.PDF AR Certification of Compliance - Regulation 49, 23-79-138 and Bulletin 11-88.PDF | Approved-Closed | 12/17/2009 |
| Satisfied - Item: Application Comments: Please see form schedule. | Approved-Closed | 12/17/2009 |
| Satisfied - Item: Outline of Coverage Comments: Please see form schedule. | Approved-Closed | 12/17/2009 |
| Satisfied - Item: Submission Letter Comments: Attachment: Submission Letter.PDF | Approved-Closed | 12/17/2009 |
| | Item Status: | Status Date: |

SERFF Tracking Number: MCHX-126419847 State: Arkansas

Filing Company: Sterling Life Insurance Company State Tracking Number: 44330

Company Tracking Number: STRAR-CAN

TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only

Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Satisfied - Item: Authorization Letter **Item Status:** Approved-Closed **Status Date:** 12/17/2009

Comments:

Attachment:
Authorization Letter.PDF

Satisfied - Item: Form Listing **Item Status:** Approved-Closed **Status Date:** 12/17/2009

Comments:

Attachment:
Form Listing.PDF

Satisfied - Item: 12.17.09 Resubmission Letter **Item Status:** Approved-Closed **Status Date:** 12/17/2009

Comments:

Attachment:
12_17_09 Resubmission Letter.PDF

Satisfied - Item: 05.21.10 Amendment Letter **Item Status:** Approved-Closed **Status Date:** 05/21/2010

Comments:

Attachment:
AR Amendment Letter.PDF

Satisfied - Item: STRAR-CAN redline version **Item Status:** Approved-Closed **Status Date:** 05/21/2010

Comments:

Attachment:
AR Sterling Cancer Policy-05_19_10-redline.PDF

| | | | |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>MCHX-126419847</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Sterling Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>44330</i> |
| <i>Company Tracking Number:</i> | <i>STRAR-CAN</i> | | |
| <i>TOI:</i> | <i>H07I Individual Health - Specified Disease - Limited Benefit</i> | <i>Sub-TOI:</i> | <i>H07I.002A Dread Disease - Cancer Only</i> |
| <i>Product Name:</i> | <i>STRXX- CAN Cancer Only Policy - Sterling Life Insu</i> | | |
| <i>Project Name/Number:</i> | <i>STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company</i> | | |


| | | | |
|---|-----------------------------|---------------------|---------------|
| | | Item Status: | Status |
| | | | Date: |
| Satisfied - Item: | STRAR-CANOC redline version | Approved-Closed | 05/21/2010 |
| Comments: | | | |
| Attachment: | | | |
| Sterling Cancer AR OOC-05_19_10-redline.PDF | | | |

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Sterling Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| Form Number | Score |
|-------------|-------|
| STRAR-CAN | 47 |
| APP-CAN | 49 |
| RIDER-CAN | 57 |
| STRAR-CANOC | 59 |
| | |

Signed: 
Name: Craig Bodway
Title: Vice President

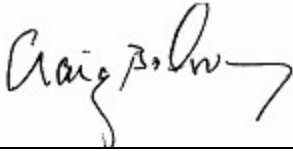
Date: 12/15/09

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Sterling Life Insurance Company
STRAR-CAN, APP-CAN, RIDER-CAN, STRAR-CANOC

Form Number(s):

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Craig Bodway

Name

Vice President

Title

12/15/09

Date

CERTIFICATE OF COMPLIANCE

Insurer: Sterling Life Insurance Company

Form Numbers: STRAR-CAN, APP-CAN, RIDER-CAN, STRAR-CANOC

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Craig Bodway

Name

Vice President

Title

12/15/09

Date

.....

McHugh Consulting Resources, Inc.

December 15, 2009

Sent via SERFF

Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

**RE: Sterling Life Insurance Company
NAIC # 77399 FEIN # 13-1867829**

Individual Cancer Policy
Policy Form No. STRAR-CAN
Outline of Coverage Form No. STRAR-CANOC
Rider Form No. RIDER-CAN
Application APP-CAN
Actuarial Memorandum
NAIC Product Code H07I.002A

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the enclosed form on behalf of Sterling Life Insurance Company. We have provided an authorization letter for your files.

We are submitting the above captioned forms for your review and approval. The forms are new and not intended to replace any other forms currently in use.

This Cancer program will be marketed to individuals through agent/broker solicitation and mass marketing. The issue ages are from 18 to 69.

This program provides Cancer indemnity coverage on a guaranteed renewable basis. It insures the individual against loss due to cancer only. The 20 Year Paid Up Rider provides that no further premiums will be due, after the policy has been continuously in force for twenty years.

The forms are in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law.

Variable data is bracketed. All bracketed numbers are variable to the extent allowable by your state's laws. In no event will numbers be changed to impact compliance with your law.

Commissioner of Insurance
Sterling Life Insurance Company
Page 2 of 2

Please note this product was filed concurrently in the state of Illinois, Sterling's state of domicile.

Sterling Life Insurance Company will deem these forms approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

Sincerely,

A handwritten signature in cursive script, reading "Betty Dabrowski".

Betty Dabrowski
Consultant
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

STERLING Life Insurance Company

Real People. Wise Choices.®

October 29, 2009

NAIC Company Code: 77399

Re: See Attached Forms Listing

Please accept this letter as authorization from Sterling Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as referenced on the attached form listing on behalf of Sterling Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "M Muchnicki", with a small dot above the second "i".

Michael Muchnicki
President
Sterling Life Insurance Company

**STERLING LIFE INSURANCE COMPANY
CANCER ONLY**

FORM LISTING

| Form Number | Form Name |
|--------------------|---|
| STRAR-CAN | Guaranteed Renewable Cancer Only Policy |
| APP-CAN | Application for Cancer Insurance |
| RIDER-CAN | 20 Year Paid Up Rider |
| STRAR-CANOC | Outline of Coverage |

McHugh Consulting Resources, Inc.

December 17, 2009

Sent via SERFF

Rosalind Minor
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

**RE: Sterling Life Insurance Company
NAIC # 77399 FEIN # 13-1867829**

Individual Cancer Policy
Policy Form No. STRAR-CAN
Outline of Coverage Form No. STRAR-CANOC
Rider Form No. RIDER-CAN
Application APP-CAN
Actuarial Memorandum
NAIC Product Code H071.002A

Dear Ms Minor:

We are in receipt of your objection letter dated December 16, 2009. Sterling Life Insurance Company offers the following in response to your concerns:

Attached is the revised policy with the requested provision added to page 7.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

Sincerely,



Betty Dabrowski
Consultant
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

350 South Main Street Suite 103
Doylestown, PA 18901
Ph# 215-230-7960
Fax # 215-230-7961
Email:mcr@mchughconsulting.com
www.mchughconsulting.com

McHugh Consulting Resources, Inc.

May 21, 2010

Sent via SERFF

Rosalind Minor
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: FILING AMENDMENT
SERFF # MCHX-126419847
State File # 44330
Sterling Life Insurance Company
NAIC # 77399 FEIN # 13-1867829

Individual Cancer Policy
Policy Form No. STRAR-CAN
Outline of Coverage Form No. STRAR-CANOC

NAIC Product Code H07I.002A

Dear Ms Minor:

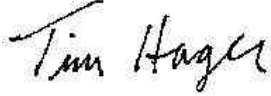
Thank you for speaking with me on the phone on May 19, 2010 and for re-opening this filing. Sterling Life Insurance Company has asked us to file the attached revised Policy STRAR-CAN and Outline of Coverage STRAR-CANOC on their behalf.

Please find attached the corrected Policy STRAR-CAN along with a redline version to assist in identifying the correction. Under the Definitions section, on page 5, "Pre-existing Condition," last sentence, "12 months" is replacing "two years."

Please find attached the correct Outline of Coverage STRAR-CANOC along with a redline version to assist in identifying the correction. In the Pre-Existing Condition and Waiting Period Condition provision, the last sentence, "12 months" is replacing "two years."

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215-230-7960 if there are any questions that we can answer regarding this filing.

Sincerely,

A handwritten signature in black ink that reads "Tim Hager". The signature is written in a cursive, slightly slanted style.

Tim Hager
Compliance Project Specialist
McHugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

STERLING LIFE INSURANCE COMPANY

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 688-0010]

GUARANTEED RENEWABLE CANCER ONLY POLICY

THIS POLICY DOES NOT PAY BENEFITS FOR LOSS OF LIFE.

This is a legal contract between you and Sterling. THIS IS A LIMITED POLICY. READ YOUR POLICY CAREFULLY.

THIRTY DAY RIGHT TO EXAMINE POLICY

If this policy is not satisfactory for any reason, within 30 days of policy issuance you can return the policy to Sterling. Any premium paid will be refunded and this policy will be void from its beginning.

GUARANTEED RENEWABLE

Sterling guarantees your right to renew this policy. It will continue in force so long as the premium is paid on or before the due date or within the grace period. Sterling reserves the right to change the premium on a class basis. Sterling will notify you in writing, at your last address of record, of the change at least 30 days before the date at which it is to become effective.

PRE-EXISTING, WAITING PERIOD CONDITION LIMITATIONS

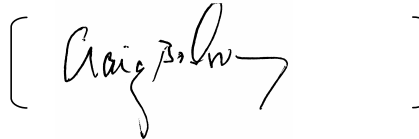
Loss caused by a Pre-existing Condition or Waiting Period Condition is not covered unless such loss begins after 12 months from the issue date of this policy.

This policy is issued by STERLING LIFE INSURANCE COMPANY

Signed by Our President and Secretary.



[President]



[Assistant Secretary]

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A copy of the Application and Outline of Coverage follows Page 7.

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BENEFIT SCHEDULE

CANCER BENEFIT

Scheduled Benefit Amount \$

Section One

The Scheduled Benefit Amount is the lifetime benefit amount payable under the policy upon diagnosis and/or treatment of Covered Cancer. Benefit payment is for Cancer, excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Stage 1A malignant melanoma and Carcinoma In-Situ. This benefit is payable only one time during the lifetime of the policy. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

Section Two

Payment upon diagnosis and/or treatment of first occurrence of Stage A, B, T1a or T1b Prostate Cancer or Carcinoma In-Situ is limited to 10% of the lifetime benefit amount. This benefit is payable only one time during the lifetime of the policy, and any amount paid will reduce the amount paid under Section One of this benefit. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

After 100% of the lifetime benefit or 50% from attained age 70 has been paid within this Category, no more benefits are payable for any condition in this Category. This policy will terminate upon the payment of Section One benefits subject to all contract terms.

INSURED: AGE:

POLICY NUMBER: METHOD OF PREMIUM PAYMENT:

SMOKER STATUS: PREMIUM AMOUNT: \$

ISSUE DATE: :

CONSIDERATION

This policy is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the policy.

BENEFITS

Please refer to the Benefit Schedule for the benefit(s) you selected.

Covered Loss - Cancer (Excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Carcinoma In-Situ and Stage 1A malignant melanoma)

Sterling agrees to pay you, the insured named in the application, subject to the terms and limitations of this policy, a benefit for the following Covered Loss sustained by you while the policy is in force. Upon diagnosis and/or treatment of Cancer, as defined below, while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, you will receive 100% of the Scheduled Benefit Amount according to the plan selected.

Covered Loss – Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ

Benefit payment upon diagnosis and/or treatment of first occurrence of Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, is limited to 10% of the Scheduled Benefit Amount according to the plan selected.

Exclusion: No benefit will be payable under this condition for the following non-life-threatening cancers:

- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion), or
- any non-melanoma skin cancer that has not metastasized

Cancer Benefit Definitions

"Life-threatening Cancer" means leukemia, Hodgkin's Disease or a malignant tumor treated by a Physician that is characterized by uncontrolled cell growth and which results in a pathologic diagnosis, based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.) The pathologist establishing the diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

The legally licensed Doctor must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Any tests or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Diagnosis under the policy means the complete fulfillment of the definition of the condition as described under the policy.

"Carcinoma-in-situ" means a diagnosis of cancer where in the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

"Stage A Prostate Cancer" is histologically described as Tumor Node Metastasis Classification T1 or equivalent staging based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

Skin Cancer

Skin Cancer is not covered under this policy. "Skin Cancer" is any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.

DEFINITIONS

"**Covered Loss**" is a loss that is incurred, diagnosed and/or treated in accordance with the requirements of the subsection describing the specific loss. A Covered Loss is not a loss that is a Pre-existing Condition or Waiting Period Condition; however, a Pre-existing Condition or Waiting Period Condition will be considered a Covered Loss if loss caused by such condition begins after 12 months from the issue date.

"Incurs/Incurred" means an event or incident that:

- (a) initially occurs on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) initially occurs while coverage on an Insured Person under this policy is in force; and

(c) is not excluded by any specific description or exclusion stated in this Policy.

“Hospital” is an institution located in the United States which meets all of the following requirements: (a) operates pursuant to state law for Hospitals located in the United States; (b) operates primarily for the care and treatment of sick or injured persons as inpatients; (c) provides 24 hour nursing service; (d) has facilities for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and (e) has a staff of at least one licensed Physician available at all times. Hospital does not include a nursing home or convalescent care facility, whether such facility is independent or associated with a Hospital.

“Physician” means a legally qualified practitioner licensed in the United States or its territories by a federal, state or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories. It does not include you or a member of your family.

“Pre-existing Condition” means a condition for which you received medical advice or treatment within the 12 months preceding the issue date of the policy or showed signs or symptoms within 12 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. A Pre-existing Condition does not include any condition fully disclosed in the application for the policy. Loss caused by a pre-existing condition is not covered unless such loss begins after 12 months from the issue date of the policy.

Deleted: two years

“Scheduled Benefit Amount” means the lifetime maximum benefit amount payable under the policy.

“Specialist” is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered critical illness condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by the insurer, a condition may be diagnosed by a qualified physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist.

The Specialist must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

“Term” is the Issued Date shown on the Schedule.

“Waiting Period Condition”

No benefit will be payable under this policy if:

Within the first 60 days following the later of:

- the effective date of the policy, or
- the effective date of last reinstatement of the policy,

the Insured Person has any of the following:

- a diagnosis of a covered condition
- received medical advice or treatment for a covered condition
- signs, symptoms or investigations, that lead to a diagnosis of a covered condition, regardless of when the diagnosis is made
- showed symptoms after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment

This medical information as described above must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for a covered condition. Loss caused by a waiting period condition is not covered unless such loss begins 12 months from the issue date of the policy.

PAYABLE IN ADDITION TO OTHER INSURANCE

Benefits provided by this policy are payable in addition to those provided by any other insurance policy.

EXCLUSIONS

This policy will not pay for losses resulting from:

- 1) Any intentionally self-inflicted injury;
- 2) Criminal activity or participation in a riot;
- 3) Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental injury;
- 4) Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
- 5) Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
- 6) Military service or war;
- 7) Suicide or intentional injury; or
- 8) Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with the application and attached papers, if any, is the entire contract between the Insured and Sterling. No change in this policy will be effective until approved by an officer of Sterling. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: (a) Misstatements in the Application. After two years from the issue date of this policy, only fraudulent misstatements made by the applicant in the application may be used to void the policy or deny a claim for loss incurred after the two-year period. (b) Pre-Existing Conditions. No claim for loss that starts after two years from the issue date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the issue date.

GRACE PERIOD: This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force.

REINSTATEMENT: If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by Sterling (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate the policy.

If Sterling or its agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Insured of its disapproval.

The reinstated policy will only cover a loss that starts more than 10 days after the reinstatement date. In all other respects the rights of the Insured and Sterling will remain the same, subject to any provisions noted on or attached to the reinstated policy.

Any premiums Sterling accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 days before the reinstatement date.

NOTICE OF CLAIM: Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Sterling at its Home Office or to Sterling's agent. Notice should include the name of the Insured and the policy number.

CLAIM FORMS: When Sterling receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant will meet the proof of loss requirements by giving Sterling a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

PROOF OF LOSS: Written proof must be given within 90 days after such loss.

If it was not reasonably possible to give written proof in the time required, Sterling shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIM: Benefit for loss covered by this policy will be paid as soon as Sterling receives proper written proof.

PAYMENT OF CLAIM: The benefit will be paid to the Insured. Any benefit unpaid at death may be paid, at Sterling's option, either to the Insured's beneficiary or estate.

PHYSICAL EXAMINATIONS: Sterling, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending.

AUTOPSY: While a claim is pending, Sterling, at its own expense, has the right to require an autopsy of the person of the Insured in the case of death where it is not forbidden by law.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING TOBACCO USE: If any representation regarding the use of tobacco has been misstated, any amount payable under the policy shall be such as the premium paid would have purchased if the representation had not been misstated.

CHANGE OF BENEFICIARY: The Insured can change the beneficiary at any time by giving Sterling a signed and dated written notice which is received at its home office during the Insured's lifetime. Unless irrevocably designated, the beneficiary's consent is not required. The change of beneficiary is effective as of the date the notice is signed, subject to any action taken by Sterling prior to receipt of such notice. No change is valid if received after Insured's death.

GENERAL PROVISIONS

TERM: This policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where you reside. It is effective on the Issue Date shown on the Benefit Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the insured, unearned premium will be refunded in accordance with the payment of claim provisions.

PAYMENT OF PREMIUM: This policy is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft that is not honored, the policy shall be void.

YOUR RIGHT TO CANCEL: You may cancel this policy at any time by writing Sterling. Coverage will end on the date the notice is received or on a later date you specify. Sterling will return any unearned premium.

TERMINATION:

This policy terminates at the earliest of:

- 1) The end of the grace period for the payment of the premium for the policy; or
- 2) The next renewal date after Your request to terminate this policy; or
- 3) The date You have received the Scheduled Benefit Amount for Section One.

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRAR-CAN

READ YOUR POLICY CAREFULLY. This outline of coverage provides a brief description of the important features of your policy. This is not the contract of insurance and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Therefore, it is important that you **READ YOUR POLICY CAREFULLY!**

LIMITED BENEFIT HEALTH COVERAGE. Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

DESCRIPTION OF BENEFIT. CANCER Scheduled Benefit Amount \$_____

Section One

The Scheduled Benefit Amount is the lifetime benefit amount payable under the policy upon diagnosis and/or treatment of Covered Cancer. Benefit payment is for Cancer, excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Stage 1A malignant melanoma and Carcinoma In-Situ. This benefit is payable only one time during the lifetime of the policy. This benefit is reduced by 50% from attained age 70.

Section Two

Payment upon diagnosis and/or treatment of first occurrence of Stage A, B, T1a or T1b Prostate Cancer or Carcinoma In-Situ is limited to 10% of the lifetime benefit amount. This benefit is payable only one time during the lifetime of the policy, and any amount paid will reduce the amount paid under Section One of this benefit. This benefit is reduced by 50% from attained age 70.

After 100% of the lifetime benefit or 50% from attained age 70 has been paid within this Category, no more benefits are payable for any condition in this Category.

This policy will terminate upon the payment of Section One benefits subject to all contract terms.

COVERED LOSS. Sterling agrees to pay you, the insured named in the application, subject to the terms and limitations of the policy, for the above described benefit sustained by you while this policy is in force.

EXCLUSIONS AND LIMITATIONS. No benefit is payable for loss due to: 1) A Pre-Existing Condition; 2) a Waiting Period Condition; 3) any exclusions or limitations listed in the policy.

PRE-EXISTING AND WAITING PERIOD CONDITION. A Pre-Existing Condition is one for which you received medical advice or treatment within 12 months preceding the issue date of the policy or showed signs or symptoms within 12 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. In the first 60 days from the effective date of the policy or the last reinstatement of the policy, a Waiting Period Condition is one for which you received medical advice or treatment or showed symptoms after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. Loss caused by a pre-existing or waiting period condition is not covered unless such loss begins after 12 months from the issued date of this policy.

Deleted: two years

RENEWABILITY. Sterling guarantees your right to renew this policy. It will continue in force so long as the premium is paid on or before the due date or within the grace period. Sterling reserves the right to change the premium on a class basis. Sterling will notify you in writing, at your last address of record, of the change at least 30 days before the date at which it is to become effective.

THIS IS NOT MAJOR MEDICAL. THIS IS NOT LIFE INSURANCE. THIS IS NOT MEDICARE SUPPLEMENT.

(If Medicare eligible, review the *Guide to Health Insurance for People with Medicare* available from Sterling.)

If you have any questions regarding your policy please contact Sterling at: **[(800) 688-0010]**

STRAR-CANOC

SERFF Tracking Number: MCHX-126419847 State: Arkansas

Filing Company: Sterling Life Insurance Company State Tracking Number: 44330

Company Tracking Number: STRAR-CAN

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit

Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu

Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|----------|---|---------------------------|---------------------------------|
| 12/17/2009 | Form | Guaranteed Renewable Cancer Only Policy | 05/21/2010 | STRAR-CAN.PDF (Superceded) |
| 12/15/2009 | Form | Outline of Coverage | 05/21/2010 | STRAR-CANOC.PDF (Superceded) |
| 12/15/2009 | Form | Guaranteed Renewable Cancer Only Policy | 12/17/2009 | STRAR-CAN.PDF (Superceded) |

STERLING LIFE INSURANCE COMPANY

Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348
(800) 688-0010]

GUARANTEED RENEWABLE CANCER ONLY POLICY

THIS POLICY DOES NOT PAY BENEFITS FOR LOSS OF LIFE.

This is a legal contract between you and Sterling. THIS IS A LIMITED POLICY. READ YOUR POLICY CAREFULLY.

THIRTY DAY RIGHT TO EXAMINE POLICY

If this policy is not satisfactory for any reason, within 30 days of policy issuance you can return the policy to Sterling. Any premium paid will be refunded and this policy will be void from its beginning.

GUARANTEED RENEWABLE

Sterling guarantees your right to renew this policy. It will continue in force so long as the premium is paid on or before the due date or within the grace period. Sterling reserves the right to change the premium on a class basis. Sterling will notify you in writing, at your last address of record, of the change at least 30 days before the date at which it is to become effective.

PRE-EXISTING, WAITING PERIOD CONDITION LIMITATIONS

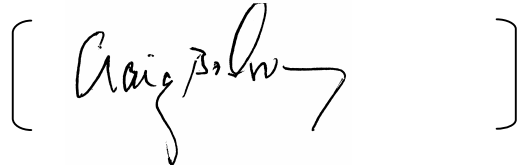
Loss caused by a Pre-existing Condition or Waiting Period Condition is not covered unless such loss begins after 12 months from the issue date of this policy.

This policy is issued by STERLING LIFE INSURANCE COMPANY

Signed by Our President and Secretary.



[President]



[Assistant Secretary]

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BENEFIT SCHEDULE

CANCER BENEFIT

Scheduled Benefit Amount

\$

Section One

The Scheduled Benefit Amount is the lifetime benefit amount payable under the policy upon diagnosis and/or treatment of Covered Cancer. Benefit payment is for Cancer, excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Stage 1A malignant melanoma and Carcinoma In-Situ. This benefit is payable only one time during the lifetime of the policy. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

Section Two

Payment upon diagnosis and/or treatment of first occurrence of Stage A, B, T1a or T1b Prostate Cancer or Carcinoma In-Situ is limited to 10% of the lifetime benefit amount. This benefit is payable only one time during the lifetime of the policy, and any amount paid will reduce the amount paid under Section One of this benefit. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

After 100% of the lifetime benefit or 50% from attained age 70 has been paid within this Category, no more benefits are payable for any condition in this Category. This policy will terminate upon the payment of Section One benefits subject to all contract terms.

INSURED:

AGE:

POLICY NUMBER:

METHOD OF PREMIUM PAYMENT:

SMOKER STATUS:

PREMIUM AMOUNT:

\$

ISSUE DATE:

:

CONSIDERATION

This policy is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the policy.

BENEFITS

Please refer to the Benefit Schedule for the benefit(s) you selected.

Covered Loss - Cancer (Excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Carcinoma In-Situ and Stage 1A malignant melanoma)

Sterling agrees to pay you, the insured named in the application, subject to the terms and limitations of this policy, a benefit for the following Covered Loss sustained by you while the policy is in force. Upon diagnosis and/or treatment of Cancer, as defined below, while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, you will receive 100% of the Scheduled Benefit Amount according to the plan selected.

Covered Loss – Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ

Benefit payment upon diagnosis and/or treatment of first occurrence of Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, is limited to 10% of the Scheduled Benefit Amount according to the plan selected.

Exclusion: No benefit will be payable under this condition for the following non-life-threatening cancers:

- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion), or
- any non-melanoma skin cancer that has not metastasized

Cancer Benefit Definitions

“Life-threatening Cancer” means leukemia, Hodgkin’s Disease or a malignant tumor treated by a Physician that is characterized by uncontrolled cell growth and which results in a pathologic diagnosis, based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.) The pathologist establishing the diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

The legally licensed Doctor must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Any tests or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Diagnosis under the policy means the complete fulfillment of the definition of the condition as described under the policy.

“Carcinoma-in-situ” means a diagnosis of cancer where in the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

“Stage A Prostate Cancer” is histologically described as Tumor Node Metastasis Classification T1 or equivalent staging based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

Skin Cancer

Skin Cancer is not covered under this policy. “Skin Cancer” is any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.

DEFINITIONS

“**Covered Loss**” is a loss that is incurred, diagnosed and/or treated in accordance with the requirements of the subsection describing the specific loss. A Covered Loss is not a loss that is a Pre-existing Condition or Waiting Period Condition; however, a Pre-existing Condition or Waiting Period Condition will be considered a Covered Loss if loss caused by such condition begins after 12 months from the issue date.

“Incurs/Incurred” means an event or incident that:

- (a) initially occurs on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) initially occurs while coverage on an Insured Person under this policy is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Policy.

“Hospital” is an institution located in the United States which meets all of the following requirements: (a) operates pursuant to state law for Hospitals located in the United States; (b) operates primarily for the care and treatment of sick or injured persons as inpatients; (c) provides 24 hour nursing service; (d) has facilities for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and (e) has a staff of at least one licensed Physician available at all times. Hospital does not include a nursing home or convalescent care facility, whether such facility is independent or associated with a Hospital.

“Physician” means a legally qualified practitioner licensed in the United States or its territories by a federal, state or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories. It does not include you or a member of your family.

“Pre-existing Condition” means a condition for which you received medical advice or treatment within the 12 months preceding the issue date of the policy or showed signs or symptoms within 12 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. A Pre-existing Condition does not include any condition fully disclosed in the application for the policy. Loss caused by a pre-existing condition is not covered unless such loss begins after two years from the issue date of the policy.

“Scheduled Benefit Amount” means the lifetime maximum benefit amount payable under the policy.

“Specialist” is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered critical illness condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by the insurer, a condition may be diagnosed by a qualified physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist.

The Specialist must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

“Term” is the Issued Date shown on the Schedule.

“Waiting Period Condition”

No benefit will be payable under this policy if:

Within the first 60 days following the later of:

- the effective date of the policy, or
- the effective date of last reinstatement of the policy,

the Insured Person has any of the following:

- a diagnosis of a covered condition
- received medical advice or treatment for a covered condition
- signs, symptoms or investigations, that lead to a diagnosis of a covered condition, regardless of when the diagnosis is made
- showed symptoms after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment

This medical information as described above must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for a covered condition. Loss caused by a waiting period condition is not covered unless such loss begins 12 months from the issue date of the policy.

PAYABLE IN ADDITION TO OTHER INSURANCE

Benefits provided by this policy are payable in addition to those provided by any other insurance policy.

EXCLUSIONS

This policy will not pay for losses resulting from:

- 1) Any intentionally self-inflicted injury;
- 2) Criminal activity or participation in a riot;
- 3) Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
- 4) Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
- 5) Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
- 6) Military service or war;
- 7) Suicide or intentional Injury; or
- 8) Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with the application and attached papers, if any, is the entire contract between the Insured and Sterling. No change in this policy will be effective until approved by an officer of Sterling. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: (a) Misstatements in the Application. After two years from the issue date of this policy, only fraudulent misstatements made by the applicant in the application may be used to void the policy or deny a claim for loss incurred after the two-year period. (b) Pre-Existing Conditions. No claim for loss that starts after two years from the issue date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the issue date.

GRACE PERIOD: This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force.

REINSTATEMENT: If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by Sterling (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate the policy.

If Sterling or its agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Insured of its disapproval.

The reinstated policy will only cover a loss that starts more than 10 days after the reinstatement date. In all other respects the rights of the Insured and Sterling will remain the same, subject to any provisions noted on or attached to the reinstated policy.

Any premiums Sterling accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 days before the reinstatement date.

NOTICE OF CLAIM: Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Sterling at its Home Office or to Sterling's agent. Notice should include the name of the Insured and the policy number.

CLAIM FORMS: When Sterling receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant will meet the proof of loss requirements by giving Sterling a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

PROOF OF LOSS: Written proof must be given within 90 days after such loss.

If it was not reasonably possible to give written proof in the time required, Sterling shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIM: Benefit for loss covered by this policy will be paid as soon as Sterling receives proper written proof.

PAYMENT OF CLAIM: The benefit will be paid to the Insured. Any benefit unpaid at death may be paid, at Sterling's option, either to the Insured's beneficiary or estate.

PHYSICAL EXAMINATIONS: Sterling, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending.

AUTOPSY: While a claim is pending, Sterling, at its own expense, has the right to require an autopsy of the person of the Insured in the case of death where it is not forbidden by law.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING TOBACCO USE: If any representation regarding the use of tobacco has been misstated, any amount payable under the policy shall be such as the premium paid would have purchased if the representation had not been misstated.

CHANGE OF BENEFICIARY: The Insured can change the beneficiary at any time by giving Sterling a signed and dated written notice which is received at its home office during the Insured's lifetime. Unless irrevocably designated, the beneficiary's consent is not required. The change of beneficiary is effective as of the date the notice is signed, subject to any action taken by Sterling prior to receipt of such notice. No change is valid if received after Insured's death.

GENERAL PROVISIONS

TERM: This policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where you reside. It is effective on the Issue Date shown on the Benefit Schedule.

RETURN OF UNEARNED PREMIUM: In the event of death of the insured, unearned premium will be refunded in accordance with the payment of claim provisions.

PAYMENT OF PREMIUM: This policy is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft that is not honored, the policy shall be void.

YOUR RIGHT TO CANCEL: You may cancel this policy at any time by writing Sterling. Coverage will end on the date the notice is received or on a later date you specify. Sterling will return any unearned premium.

TERMINATION:

This policy terminates at the earliest of:

- 1) The end of the grace period for the payment of the premium for the policy; or
- 2) The next renewal date after Your request to terminate this policy; or
- 3) The date You have received the Scheduled Benefit Amount for Section One.

Sterling Life Insurance Company
Administrative Offices/Customer Service
[P. O. Box 5348 Bellingham, WA 98227-5348]

LIMITED BENEFIT HEALTH COVERAGE
OUTLINE OF COVERAGE FOR POLICY FORM NO. STRAR-CAN

READ YOUR POLICY CAREFULLY. This outline of coverage provides a brief description of the important features of your policy. This is not the contract of insurance and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Therefore, it is important that you **READ YOUR POLICY CAREFULLY!**

LIMITED BENEFIT HEALTH COVERAGE. Policies of this category are designed to provide, to the insured, limited or supplemental coverage.

DESCRIPTION OF BENEFIT. CANCER Scheduled Benefit Amount \$_____

Section One

The Scheduled Benefit Amount is the lifetime benefit amount payable under the policy upon diagnosis and/or treatment of Covered Cancer. Benefit payment is for Cancer, excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Stage 1A malignant melanoma and Carcinoma In-Situ. This benefit is payable only one time during the lifetime of the policy. This benefit is reduced by 50% from attained age 70.

Section Two

Payment upon diagnosis and/or treatment of first occurrence of Stage A, B, T1a or T1b Prostate Cancer or Carcinoma In-Situ is limited to 10% of the lifetime benefit amount. This benefit is payable only one time during the lifetime of the policy, and any amount paid will reduce the amount paid under Section One of this benefit. This benefit is reduced by 50% from attained age 70.

After 100% of the lifetime benefit or 50% from attained age 70 has been paid within this Category, no more benefits are payable for any condition in this Category.

This policy will terminate upon the payment of Section One benefits subject to all contract terms.

COVERED LOSS. Sterling agrees to pay you, the insured named in the application, subject to the terms and limitations of the policy, for the above described benefit sustained by you while this policy is in force.

EXCLUSIONS AND LIMITATIONS. No benefit is payable for loss due to: 1) A Pre-Existing Condition; 2) a Waiting Period Condition; 3) any exclusions or limitations listed in the policy.

PRE-EXISTING AND WAITING PERIOD CONDITION. A Pre-Existing Condition is one for which you received medical advice or treatment within 12 months preceding the issue date of the policy or showed signs or symptoms within 12 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. In the first 60 days from the effective date of the policy or the last reinstatement of the policy, a Waiting Period Condition is one for which you received medical advice or treatment or showed symptoms after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. Loss caused by a pre-existing or waiting period condition is not covered unless such loss begins after two years from the issued date of this policy.

RENEWABILITY. Sterling guarantees your right to renew this policy. It will continue in force so long as the premium is paid on or before the due date or within the grace period. Sterling reserves the right to change the premium on a class basis. Sterling will notify you in writing, at your last address of record, of the change at least 30 days before the date at which it is to become effective.

THIS IS NOT MAJOR MEDICAL. THIS IS NOT LIFE INSURANCE. THIS IS NOT MEDICARE SUPPLEMENT.

(If Medicare eligible, review the *Guide to Health Insurance for People with Medicare* available from Sterling.)

If you have any questions regarding your policy please contact Sterling at: **[(800) 688-0010]**

STERLING LIFE INSURANCE COMPANY

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[P. O. Box 5348 Bellingham, WA 98227-5348
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GUARANTEED RENEWABLE CANCER ONLY POLICY

THIS POLICY DOES NOT PAY BENEFITS FOR LOSS OF LIFE.

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THIRTY DAY RIGHT TO EXAMINE POLICY

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GUARANTEED RENEWABLE

Sterling guarantees your right to renew this policy. It will continue in force so long as the premium is paid on or before the due date or within the grace period. Sterling reserves the right to change the premium on a class basis. Sterling will notify you in writing, at your last address of record, of the change at least 30 days before the date at which it is to become effective.

PRE-EXISTING, WAITING PERIOD CONDITION LIMITATIONS

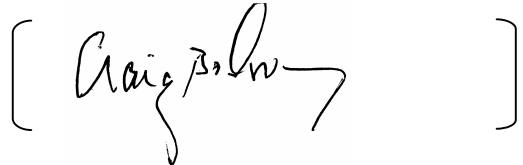
Loss caused by a Pre-existing Condition or Waiting Period Condition is not covered unless such loss begins after 12 months from the issue date of this policy.

This policy is issued by STERLING LIFE INSURANCE COMPANY

Signed by Our President and Secretary.



[President]



[Assistant Secretary]

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BENEFIT SCHEDULE

CANCER BENEFIT

Scheduled Benefit Amount

\$

Section One

The Scheduled Benefit Amount is the lifetime benefit amount payable under the policy upon diagnosis and/or treatment of Covered Cancer. Benefit payment is for Cancer, excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Stage 1A malignant melanoma and Carcinoma In-Situ. This benefit is payable only one time during the lifetime of the policy. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

Section Two

Payment upon diagnosis and/or treatment of first occurrence of Stage A, B, T1a or T1b Prostate Cancer or Carcinoma In-Situ is limited to 10% of the lifetime benefit amount. This benefit is payable only one time during the lifetime of the policy, and any amount paid will reduce the amount paid under Section One of this benefit. This benefit is reduced by 50% from attained age 70. (Subject to the Pre-existing and Waiting Period Conditions Limitations)

After 100% of the lifetime benefit or 50% from attained age 70 has been paid within this Category, no more benefits are payable for any condition in this Category. This policy will terminate upon the payment of Section One benefits subject to all contract terms.

INSURED:

AGE:

POLICY NUMBER:

METHOD OF PREMIUM PAYMENT:

SMOKER STATUS:

PREMIUM AMOUNT:

\$

ISSUE DATE:

:

CONSIDERATION

This policy is issued in consideration of the statements in the application and payment of the first premium. A copy of the application is attached to the policy.

BENEFITS

Please refer to the Benefit Schedule for the benefit(s) you selected.

Covered Loss - Cancer (Excluding Skin Cancer (except malignant melanoma), Stage A, B, T1a or T1b Prostate Cancer, Carcinoma In-Situ and Stage 1A malignant melanoma)

Sterling agrees to pay you, the insured named in the application, subject to the terms and limitations of this policy, a benefit for the following Covered Loss sustained by you while the policy is in force. Upon diagnosis and/or treatment of Cancer, as defined below, while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, you will receive 100% of the Scheduled Benefit Amount according to the plan selected.

Covered Loss – Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ

Benefit payment upon diagnosis and/or treatment of first occurrence of Stage A/B or T1a/T1b Prostate Cancer or Carcinoma In-Situ while this policy is in force and subject to the Pre-existing and Waiting Period Conditions Limitations, is limited to 10% of the Scheduled Benefit Amount according to the plan selected.

Exclusion: No benefit will be payable under this condition for the following non-life-threatening cancers:

- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion), or
- any non-melanoma skin cancer that has not metastasized

Cancer Benefit Definitions

“Life-threatening Cancer” means leukemia, Hodgkin’s Disease or a malignant tumor treated by a Physician that is characterized by uncontrolled cell growth and which results in a pathologic diagnosis, based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.) The pathologist establishing the diagnosis shall base his judgment solely upon the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the suspect cells.

The legally licensed Doctor must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Any tests or examinations that must be performed in order to satisfy the condition requirements must be conducted by a medical professional who is not the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

Diagnosis under the policy means the complete fulfillment of the definition of the condition as described under the policy.

“Carcinoma-in-situ” means a diagnosis of cancer where in the tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

“Stage A Prostate Cancer” is histologically described as Tumor Node Metastasis Classification T1 or equivalent staging based upon a microscopic examination of the affected cells by a legally licensed Doctor of Medicine certified by the American Board of Pathology or by an Osteopathic Pathologist (unless a pathological diagnosis is deemed medically inappropriate, in which case a clinical diagnosis will be accepted.)

Skin Cancer

Skin Cancer is not covered under this policy. “Skin Cancer” is any Skin Cancer, including squamous cell carcinoma and basal cell carcinoma, except malignant melanoma.

DEFINITIONS

“**Covered Loss**” is a loss that is incurred, diagnosed and/or treated in accordance with the requirements of the subsection describing the specific loss. A Covered Loss is not a loss that is a Pre-existing Condition or Waiting Period Condition; however, a Pre-existing Condition or Waiting Period Condition will be considered a Covered Loss if loss caused by such condition begins after 12 months from the issue date.

“Incurs/Incurred” means an event or incident that:

- (a) initially occurs on or after the date coverage on an Insured Person becomes effective under this Policy; and
- (b) initially occurs while coverage on an Insured Person under this policy is in force; and
- (c) is not excluded by any specific description or exclusion stated in this Policy.

“Hospital” is an institution located in the United States which meets all of the following requirements: (a) operates pursuant to state law for Hospitals located in the United States; (b) operates primarily for the care and treatment of sick or injured persons as inpatients; (c) provides 24 hour nursing service; (d) has facilities for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a prearranged basis; and (e) has a staff of at least one licensed Physician available at all times. Hospital does not include a nursing home or convalescent care facility, whether such facility is independent or associated with a Hospital.

“Physician” means a legally qualified practitioner licensed in the United States or its territories by a federal, state or territorial licensing authority for such practitioners acting within the scope of his or her license in treating an injury or sickness and practices in the United States or its territories. It does not include you or a member of your family.

“Pre-existing Condition” means a condition for which you received medical advice or treatment within the 12 months preceding the issue date of the policy or showed signs or symptoms within 12 months prior to the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment. A Pre-existing Condition does not include any condition fully disclosed in the application for the policy. Loss caused by a pre-existing condition is not covered unless such loss begins after two years from the issue date of the policy.

“Scheduled Benefit Amount” means the lifetime maximum benefit amount payable under the policy.

“Specialist” is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered critical illness condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by the insurer, a condition may be diagnosed by a qualified physician practicing in the United States of America.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist.

The Specialist must not be the Policy owner, the Insured, a relative of or business associate of the Policy owner or of the Insured.

“Term” is the Issued Date shown on the Schedule.

“Waiting Period Condition”

No benefit will be payable under this policy if:

Within the first 60 days following the later of:

- the effective date of the policy, or
- the effective date of last reinstatement of the policy,

the Insured Person has any of the following:

- a diagnosis of a covered condition
- received medical advice or treatment for a covered condition
- signs, symptoms or investigations, that lead to a diagnosis of a covered condition, regardless of when the diagnosis is made
- showed symptoms after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment

This medical information as described above must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for a covered condition. Loss caused by a waiting period condition is not covered unless such loss begins 12 months from the issue date of the policy.

PAYABLE IN ADDITION TO OTHER INSURANCE

Benefits provided by this policy are payable in addition to those provided by any other insurance policy.

EXCLUSIONS

This policy will not pay for losses resulting from:

- 1) Any intentionally self-inflicted injury;
- 2) Criminal activity or participation in a riot;
- 3) Disease, illness or bacterial infections except those bacterial infections that occur as a result of accidental Injury;
- 4) Intoxication or narcotics influence, unless such intoxicant or narcotic is prescribed by a Physician;
- 5) Driving under the influence of alcohol or narcotics, unless administered on the advice of a Physician;
- 6) Military service or war;
- 7) Suicide or intentional Injury; or
- 8) Hazardous sports or activities such as racing or testing a vehicle, skydiving, parachuting or bungee jumping.

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with the application and attached papers, if any, is the entire contract between the Insured and Sterling. No change in this policy will be effective until approved by an officer of Sterling. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: (a) Misstatements in the Application. After two years from the issue date of this policy, only fraudulent misstatements made by the applicant in the application may be used to void the policy or deny a claim for loss incurred after the two-year period. (b) Pre-Existing Conditions. No claim for loss that starts after two years from the issue date will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the issue date.

GRACE PERIOD: This policy has a 31-day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force.

REINSTATEMENT: If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by Sterling (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate the policy.

If Sterling or its agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless Sterling has previously written the Insured of its disapproval.

The reinstated policy will only cover a loss that starts more than 10 days after the reinstatement date. In all other respects the rights of the Insured and Sterling will remain the same, subject to any provisions noted on or attached to the reinstated policy.

Any premiums Sterling accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premium will be applied to any period more than 60 days before the reinstatement date.

NOTICE OF CLAIM: Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Sterling at its Home Office or to Sterling's agent. Notice should include the name of the Insured and the policy number.

CLAIM FORMS: When Sterling receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant will meet the proof of loss requirements by giving Sterling a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss Section.

PROOF OF LOSS: Written proof must be given within 90 days after such loss.

If it was not reasonably possible to give written proof in the time required, Sterling shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

TIME OF PAYMENT OF CLAIM: Benefit for loss covered by this policy will be paid as soon as Sterling receives proper written proof.

PAYMENT OF CLAIM: The benefit will be paid to the Insured. Any benefit unpaid at death may be paid, at Sterling's option, either to the Insured's beneficiary or estate.

PHYSICAL EXAMINATIONS: Sterling, at its expense, has the right to have the Insured examined as often as reasonably necessary while a claim is pending.

AUTOPSY: While a claim is pending, Sterling, at its own expense, has the right to require an autopsy of the person of the Insured in the case of death where it is not forbidden by law.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.

MISSTATEMENT REGARDING TOBACCO USE: If any representation regarding the use of tobacco has been misstated, any amount payable under the policy shall be such as the premium paid would have purchased if the representation had not been misstated.

CHANGE OF BENEFICIARY: The Insured can change the beneficiary at any time by giving Sterling a signed and dated written notice which is received at its home office during the Insured's lifetime. Unless irrevocably designated, the beneficiary's consent is not required. The change of beneficiary is effective as of the date the notice is signed, subject to any action taken by Sterling prior to receipt of such notice. No change is valid if received after Insured's death.

GENERAL PROVISIONS

TERM: This policy is issued for the term for which premium has been paid. It begins and ends at 12:01 a.m., Standard Time, at the place where you reside. It is effective on the Issue Date shown on the Benefit Schedule.

PAYMENT OF PREMIUM: This policy is issued in consideration of the premium and the statements in the application. If payment of the initial premium is made by check or draft that is not honored, the policy shall be void.

YOUR RIGHT TO CANCEL: You may cancel this policy at any time by writing Sterling. Coverage will end on the date the notice is received or on a later date you specify. Sterling will return any unearned premium.

TERMINATION:

This policy terminates at the earliest of:

- 1) The end of the grace period for the payment of the premium for the policy; or
- 2) The next renewal date after Your request to terminate this policy; or
- 3) The date You have received the Scheduled Benefit Amount for Section One.